

Supplementation Guidelines

Source: Academy of Breastfeeding Medicine Protocol Committee. ABM Clinical Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate, Revised 2009. *Breastfeed Med* 2009;4:175-182.

Term breastfed newborn infants will not be supplemented without a medical indication.

The decision for supplementation should be made only after a complete feeding assessment is done and problems that can be corrected are identified and treated.

Possible Indications for supplementation:

- Hypoglycemia- see Blood Glucose Protocol
- Clinical and Laboratory evidence of significant dehydration (weight loss >10%, high sodium, poor feeding, lethargy, etc.) that is not improved after skilled assessment and proper management of breastfeeding
- Weight loss of 8-10% with delayed lactogenesis II (day 5 or later)
- Delayed bowel movements or continued meconium stools on day 5
- Insufficient intake despite adequate milk supply (should be evaluated by pre/post feeding weights)
- Hyperbilirubinemia- see ABM Jaundice in the Breastfed Infant Protocol
- Delayed Lactogenesis II (day 3-5 or later) and inadequate intake by the infant
- Breast pathology or prior breast surgery resulting in poor milk intake
- Intolerable pain during feedings unrelieved by interventions
- Late Preterm infant with poor feedings after the first 12 hours of life- see Late Preterm Protocol

Volume of supplemental feeding

	1st 24 hours	24-48 hours	48-72 hours	72-96 hours
Breastfed well	2ml	5ml	15ml	30ml
Breastfed poorly or did not latch	10ml	15ml	30ml	60ml

Methods of Providing Supplemental Feedings

- Cup
- Syringe
- Supplemental Nursing System/Syringe and Feeding Tube- finger feeding
- Supplemental Nursing System/Syringe and Feeding Tube- at the breast
- Bottle

Each method has risks and benefits. These will be discussed with the parents, and the method will be chosen based on the infant's feeding needs.